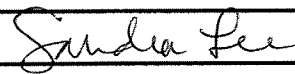


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/786,681
	Filing Date	02/25/2004
	First Named Inventor	Modak et al.
	Art Unit	1617
	Examiner Name	Williams, Leonard M.
Total Number of Pages in This Submission	Attorney Docket Number	070050.2535

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Entity Status
<div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 5px;"></div> Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Sandra S. Lee	
Date	10/18/2007	Reg. No. 51,932

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# FEE TRANSMITTAL for FY 2007

*Complete if Known*

Application Number	10/786,681
Filing Date	02/25/2004
First Named Inventor	Modak et al.
Examiner Name	Williams, Leonard M.
Art Unit	1617
Attorney Docket No.	070050.2535

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 180

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 02-4377  
Deposit Account Name: Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**

**Extra Claim Fees**

	Extra Claims	Fee	Fee Paid
Total Claims	x	50	= \$0
Independent Claims	x	210	= \$0
Multiple Dependent	=	\$0	
<b>SUBTOTAL</b>			<b>\$0</b>

Fee Description	Large Entity	Small Entity
Claims in excess of 20	50	25
Independent claims in excess of 3	210	105
Multiple dependent claim, if not paid	370	185

**FEE CALCULATION** (continued)

**ADDITIONAL FEES**

<input type="checkbox"/> Surcharge - late oath or filing fee	
<input type="checkbox"/> Non-English Specification	
<input type="checkbox"/> Extension for reply within first month	
<input type="checkbox"/> Extension for reply within second month	
<input type="checkbox"/> Extension for reply within third month	
<input type="checkbox"/> Extension for reply within fourth month	
<input type="checkbox"/> Extension for reply within fifth month	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Filing a brief in support of an appeal	
<input type="checkbox"/> Petition to revive - unavoidable	
<input type="checkbox"/> Petition to revive - unintentional	
<input type="checkbox"/> Utility Issue Fee	
<input type="checkbox"/> Design Issue Fee	
<input type="checkbox"/> Publication Fee	
<input type="checkbox"/> Petitions to the Commissioner	
<input type="checkbox"/> Request for Continued Examination (RCE)	
<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	\$180
Other fee -	

**SUBTOTAL** (\$ ) 180

**SUBMITTED BY**

Name (Print/Type)	Sandra S. Lee	Registration No.	51,932	Telephone	212-408-2500
Signature		(Attorney/Agent)		Date	10/18/2007

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Modak *et al.* Examiner : Williams, Leonard M.  
Serial No. : 10/786,681 Confirmation No. : 3011  
Filed : 02/25/2004 Group Art Unit : 1617  
For : Gentle-Acting Skin-Disinfectants And Hydro-alcoholic Gel Formations

**CHANGE OF ENTITY STATUS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

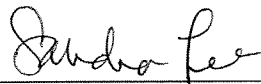
This submission is to change the entity status of the above-noted application.

Please change the status of the application from small entity to large entity.

Applicants believe no fee is due in connection with this submission. If any additional fee is due, or if any overpayment has been made, the Commissioner is authorized to charge any such fee or credit any overpayment, to our Deposit Account No. 02-4377.

Respectfully submitted,

BAKER BOTTS L.L.P.



Sandra S. Lee  
Patent Office Reg. No. 51,932

October 18, 2007  
Date

Baker Botts L.L.P.  
30 Rockefeller Plaza  
44th Floor  
New York, NY 10012-4498  
212-408-2500